

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							11/581307	
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1				51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9			1				59	
10							60	
11							61	
12		1					62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27			1				77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38		1					88	
39							89	
40							90	
41							91	
42		1					92	
43							93	
44							94	
45							95	
46							96	
47							97	
48		1					98	
49							99	
50			1				100	
TOTAL IND.			9				TOTAL IND.	
TOTAL DEP.	←	50	←			←	TOTAL DEP.	←
TOTAL CLAIMS		59					TOTAL CLAIMS	